CARL M. AND BARBARA LEVIN

Individual Income Tax Return

For the year ended December 31, 2012

*		1, 2012, or other tax year beginning	ng			, 2012, endin	9		<u> </u>		See separate in:	
Your first name		itial	Last nan							Y A	our sociał security л	umber
CARL M.			LEVI								oouse's social secu	ร์โน กษณ
	•	e's first name and initial	Last nan							1	7023E 3 30014 5000	
BARBARA		er and street). If you have a P							Apt. no.		Make ours the SS	Me) abo
		n and streety. It you have a r	.U. DUA, 366 II	natiootiona.				1		4	Make sure the SS and on line 6c are	correct
		tate, and ZIP code. If you have a fo	oreion address.	also complete	spaces below.				and the second second	Pr	esidential Election (Campaig
Book Average	dige.			•						if	neck here if you, or filing jointly, want \$ is fund. Checking a	3 to go t
Foreign country	name	enterior of the property of		Foreign pro	vince/state/county			Foreign (ostal cod	e wi	ll not change your t	ax or ref
,			ĺ		•						You X	Spou
Filing State		I Single				4					person). If the q	
rining State	15	2 X Married filing jointly	(even if only	one had inc	ome)		•		not your	depe	ndent, enter this	child,s
Check only	;	Married filing separa		ouse's SSN	above	_	name he					
one box.		and full name here.				5 L		ig widow(er			1 Child Boxes checked	2
Exemption	s (Yourself. If someon									on Ba and 6b	
•		b X Spouse						endent's	3 (4)	H nin	No, of children on 6c who:	
		c Dependents: (1) First name	Last nam	.	(2) Dependent's soci security number	al	relatio	nship to	drajita nude	rage 17 ing for d credit	 lived with yo did not live w 	vith
		(i) that timile	Last ()w)	~	,			~~~		CICCIL	or separation	
If more than four								<u></u>	\dashv		_ (see instruction:	~)
dependents, see		•••	·								Dependents on not entered abo	
instructions and check here											Add numbers	
		d Total number of exemption	ons claimed								on lines above	_ 2
Income	7	Wages, salaries, tips, etc.	. Attach Form	(s) W-2						7	151,	
	8								8	a		212
Attach Form(s)		Tax-exempt interest. Do	not include or	n line 8a 👑		d8	<u>l</u>					
W-2 here. Also	9:								9	la		
attach Forms W-2G and	- 1	Qualified dividends					1 2	Стмт	3 4	0		0
1099-R If tax	10	Taxable refunds, credits, (or offsets of s	tate and loc	at income taxes		·	O.4.14	· · · · · · · · · · · · · · · · · · ·	1		
was withheld.	11 12	Alimony received								_		
	13	Capital gain or (loss). Atta									,	
If you did not	14	Other gains or (losses). At								4		
get a W-2, see instructions.	158			5a	***************************************			t		ib	9,	547
	16a			6a		b Taxat	ole amoun	t <u>,</u>	18	ib		
	17	Rental real estate, royalties					iule E		1	7	37,	248
inclose, but do not attach, any	18	Farm income or (loss). Att	ach Schedule	F						-		
ayment. Also,	19	Unemployment compensa	tion				-		11		20	121
lease use	20a	Social security benefits	21	0a	44,863.	b Taxab	le amouni		20		38,	134
orm 1940-V.	21	Other income. List type and	d amount						≥ 22 ≥ 22		236,2	262
	22	Combine the amounts in th				100	ital inc <u>om</u>	e <u></u>	20		20072	. 0 2
dinatod	23	Educator expenses Certain business expenses of re officials. Attach Form 2106 or 2	eservists, perfor	ming artists, a	nd fee-basis govemm	ent 24						
djusted iross	24 25	officials. Attach Form 2108 or 2: Health savings account dec										
ncome	26	Moving expenses. Attach F										
	27	Deductible part of self-emp				1 1		**				
	28	Self-employed SEP, SIMPL	-									
	29	Self-employed health insura				1 1						
	30	Penalty on early withdrawal				1						
	31a	Alimony paid b Recipient				31a						
	32	IRA deduction										
	33	Student loan interest deduc										
	34	Tuition and fees. Attach For							-		•	
	35	Domestic production activiti							- 00	*		
1001 11-13	36	Add lines 23 through 35							36	+	2,36,2	62
11_19	37	Subtract line 36 from line 22	<u>z. This is your</u>	adjusted g	ross income				37	1	2,5012	

Form 1049 (2	012)	CARL M. & BARBAKA LEVIN		Page 2
Tax and		3 Amount from line 37 (adjusted gross income)	38	236,262.
Credits		Da Check X You were born before January 2, 1948, Blind. Total boxes		•
	רן "וֹ	if: (X) Spouse was born before January 2, 1948, Blind. checked > 39a 2		
Standard Deduction fo	r -	b If your spouse itemizes on a separate return or you were a dual-status alien, check here	1	
People who check any	۰ -		40	43,146.
box on line 39a or 39b 0	. Г.	· · · · · · · · · · · · · · · · · · ·	41	193,116.
who can be				7,600.
claimed as a dependent.	42	Exemptions, Multiply \$3,800 by the number on line ou		185,516.
	43		44	39,723.
	44		 	195.
	45		45	39,918.
 All others: Single or 	46		46	3373101
Married filing separately	47		-	
\$5,950	48		-	
Married filing jointly or	49	Education credits from Form 8863, line 19	-	
Qualifying	50	Retirement savings contributions credit. Attach Form 8880		· -
widow(e/), \$11,900	51	Child tax credit. Attach Schedule 8812, if required51		
Head of	52	Residential energy credits. Attach Form 5695		
household, \$8,700	53	Other credits from Form: a 3800 b 8801 c 53		
	 54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	39,918.
Other	56	Self-employment tax. Attach Schedule SE	56	
Taxes	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	
·	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
		Household employment taxes from Schedule H	59a	709.
		First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
			60	
		Other taxes. Enter code(s) from instructions	61	40,627.
<u>.</u>		Add lines 55 through 60. This is your total tax Federal income tax withheld from Forms W-2 and 1099 62 45, 468.	landinal	ATEMENT 6
Payment		Todata modific tax memore to the control of the con	P.	TILLILLIA .
F		2012 estimated tax payments and amount applied from 2011 return 63		
if you have a qualifying		Earned income credit (EIC)		
child, attach	b	Nontaxable combat pay election64b		
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812		
	66	American opportunity credit from Form 8863, line 8		
	67	Reserved		
	68	Amount paid with request for extension to file		
	69	Excess social security and tier 1 RRTA tax withheld		
	70	Credit for federal tax on fuels. Attach Form 4136		
	71	Credits from Form: a 2439 b Reserved X 8801 d 8885 71 38.		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	45,506.
Refund		If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	<u>4,879.</u>
	74 9	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	4,879.
Direct deposit?	► h	Roufing C Type: C Checking Savings ► 6 number		_
instructions.		Amount of line 73 you want applied to your 2013 estimated tax > 75		
Amount		Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
You Owe		Estimated tax penalty (see instructions)		
Third Part		you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete belo	W.	No
Designee	y Dest	you want to allow another person to discuss this return with the thot (see institutions). Phone ▶ 248-372-7300 Phone P	Personal Iden rumber (PIN)	tification >
	nan	nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my killing and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	nowledge an	d belief, they are true,
Sign	Č.	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	I Daytime p	hone number
Here Joint retum?	¥'	Date Your occupation SENATOR		
See Instructions.	> -		If the IBS	sent you an Identity
Keep a copy for your	<i>y</i> S	Source of Signature, in 2 joint return, 1964 mast organ	Protection	PIN.
records.		RETIRED	enter it her	e
m	Print/T	ype preparer's name Preparer's signature Date Check il	f PTIN	
Paid		self-employed	P00.	111770
		OLD GROSSBART HAROLD GROSSBART 04/09/13	FUU.	L23779
Use Only	Firm's	name ► BAKER TILLY VIRCHOW KRAUSE, LLP		7200
		ONE TOWNE SQUARE SUITE 600 Prone no 248	<u>-372-</u>	-/300
210002 <u>01-11-13</u>	Firm's	address ► SOUTHFIELD, MI 48076		

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

(99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074
2012
Attachment

CARL M. & BARBARA LEVIN Caution. Do not include expenses reimbursed or paid by others. Medical and Medical and dental expenses (see instructions) Dental Enter amount from Form 1040, line 38 Expenses Multiply line 2 by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter .0. Taxes You State and local (check only one box): Paid 11,142. a X Income taxes, or b General sales taxes 7,428. 6 Real estate taxes (see instructions) SEE STATEMENT 8 7 Personal property taxes 7 Other taxes. List type and amount 8 9 18,570. Add lines 5 through 8 Interest Home mortgage interest and points reported to you on Form 1098 10 Home mortgage interest not reported to you on Form 1098. If paid to the person You Paid from whom you bought the home, see instructions and show that person's name, identifying no., and address Note. 11 Your mortgage Points not reported to you on Form 1098. See instructions for special rules 12 interest 13 deduction may Mortgage insurance premiums (see instructions) be limited (see Investment interest. Attach Form 4952 if required. (See instructions.) 14 instructions). Add lines 10 through 14 20,496. STMT 7 16 Gifts to Gifts by cash or check. If you made any gift of \$250 or more, see instructions Charity Other than by cash or check. If any gift of \$250 or more, see instructions. If you made a 17 You must attach Form 8283 if over \$500 gift and got a benefit for it, Carryover from prior year 18 20,496. 19 see instructions. 19 Add lines 16 through 18 Casualty and Theft Losses 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . Job Expenses Unreimbursed employee expenses · job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106-EZ if required. (See instructions.) Miscellaneous UNION AND PROFESSIONAL DUES Deductions 130. 21 950. 22 Tax preparation fees Other expenses · investment, safe deposit box, etc. List type and amount ▶ EXPENSES FOR MEMBER OF CONGRESS 7,725 8,805 24 24 Add lines 21 through 23 25 4,725 Multiply line 25 by 2% (.02) 4,080. Subtract line 26 from line 24, If line 26 is more than line 24, enter -0-27 Other Other - from list in instructions. List type and amount Miscellaneous Deductions 28 Total Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, 43,146. 29 Itemized Deductions 30 If you elect to itemize deductions even though they are less than your standard deduction,

SCHEDULE B

(Form 1040A or 1040)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

Department of the Treasury Internal Revenue Service Name(s) shown on return (99) Information about Schedule B (Form 1040A or 1040) and its instructions is at purposite good form 1040 Sequence No. UC

CARL M.	&	BARBARA LEVIN			
Part I Interest	•	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ► NATIONAL CAPITAL BANK			Amount 198.
		U.S. SENATE FEDERAL CREDIT UNION			14.
Note. If you received a Form 1099-INT, Form 1099-OIE or substitute statement from a brokerage firm's name as the payer and enter), 1 113,		1		
the total interes shown on that form.	st				
	-	2 Add the amounts on line 1	2		212.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.	3		
		Attach Form 8815	4	1	212.
	_	ote. If line 4 is over \$1,500, you must complete Part III.	† ·		Amount
Part II		List name of payer			
Ordinary Dividends					
Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm.			5		
list the firm's name as the payer and enter the ordinary dividends shown on that form.					-
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	<u> </u>	
		e. If line 6 is over \$1,500, you must complete Part III.	£ 1		T
Part III Foreign		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a punt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	iorei	JH.	Yes No
Accounts and Trusts		At any time during 2012, did you have a financial interest in or signature authority over a financial ac as a bank account, securities account, or brokerage account) located in a foreign country? See instr If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature author	uction	าร	X
		Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements if you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial is located			
127501 19-25-12		During 2012, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign If "Yes," you may have to file Form 3520. See instructions			Х

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

Information about Schedule E and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

Attachment Sequence No. 13

Your social security number Name(s) shown on return CARL M. & BARBARA LEVIN Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Part I Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Yes A Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) Yes No B If "Yes," did you or will you file all required Forms 1099? 1a Physical address of each property (street, city, state, ZIP code) Α В C Fair Rental Personal Type of Property 16 2 For each rental real estate property listed Days **Use Days** above, report the number of fair rental and (from list below) personal use days. Check the QJV box 366 Α 1 Α only if you meet the requirements to flie as a qualified joint venture. See instructions. В В С C Type of Property: 7 Self-Rental 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 6 Royalties 2 Multi-Family Residence 4 Commercial 8 Other (describe) В Properties: Income: 15,600. 3 Rents received Royaltles received 4 Expenses: 5 Advertising 5 6 Auto and travel (see instructions) 6 7 7 Cleaning and maintenance 8 Commissions 8 598. 9 9 insurance Legal and other professional fees 10 10 11 11 Management fees 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 2,541. 14 14 Repairs 15 Supplies 15 1,911. 16 16 Taxes 1,170. 17 Utilities 17 438 18 18 Depreciation expense or depletion 1,734. 19 Other (list) > STMT 9 19 8,392. Total expenses. Add lines 5 through 19 20 20 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a 7,208. (loss), see instructions to find out if you must file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 15,600. 23a Total of all amounts reported on line 3 for all rental properties 23a b Total of all amounts reported on line 4 for all royalty properties 23b 23c Total of all amounts reported on line 12 for all properties 438. 23d d Total of all amounts reported on line 18 for all properties 8,392. e Total of all amounts reported on line 20 for all properties 7,208. 24 24 Income. Add positive amounts shown on line 21. Do not include any losses Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 7,208.

18. Otherwise, include this amount in the total on line 41 on page 2

	Nar	ne(s) shown on return. Do not enter name and social sec	curity number if st	nown on page 1.						You	ur social secu	irity number
	CZ	ARL M. & BARBARA LEVI	N							1		
	_	ition. The IRS compares amounts reported on	your tax return									
	P	art II Income or Loss From Pa								n at•ris	sk activity fo	r which
		any amount is not at risk, you n										
	27	Are you reporting any loss not allowed in a g	orior year due t	to the at-risk o	r basis limitations, a	prior y	ear unallo	wed loss fr	om a			₩
		passive activity (if that loss was not reported			ursed partnership ex	penses	s?		•••••		Yes	X No
	-	If you answered "Yes," see instructions before	re completing t	his section.		171	h\r. D.	(n) charle	,	4) C	ntouor	(a) Charle If
	28		a) Name			Ri Le	ujenter Pitor partnership; S	(C) Check if foreign partnership		d) Emp ificatio	ployer n number	(e) Check if any amount is not at risk
		LEVINSON-LEVIN PROPI	· -	TTC		POI	Р	parmersnip	6883	y day	V.000.570	Horachan
*	A B	LRS COMPANY	EKTTES,	שונו			P		(2000)			X
•	C	IRS COMPANI				\dashv			(CONTRACTOR	200 - 200 <u>- 2</u>		
	h											
•	<u>, , , , , , , , , , , , , , , , , , , </u>	Passive Income and	Loss				Nonp	assive Inc	come ar	nd Los	SS	
	_	(f) Passive loss allowed		sive income	(h) Nonpassive	loss	(I) Se	ction 179 e	xpense	((j) Nonpassive	income
		(attach Form 8582 if required)		chedule K-1	from Schedule	: K-1	deducti	on from Fo	rm 4562		from Schedi	sle K-1
-	A	-		30,040								
	В	C).									
	C											
_	D	•				*****					-	
2	9a	Totals		30,040	•					*********		
	þ	Totals								····	20	040
3		Add columns (g) and (j) of line 29a								30	, 30	,040.
3		Add columns (f), (h), and (l) of line 29b						• • • • • • • • • • • • • • • • • • • •		31		
3.	2	Total partnership and S corporation income								32	30	,040.
	****	result here and include in the total on line 41 l					·····	· · · · · · · · · · · · · · · · · · ·		ا عد	30	<u>/0101</u>
83		income of Loss From Est	ales and i	Insta							(b) Emp	lovor
33	3		(1	a) Name							identification	
7	Т										.,	
	_					_						
_		Passive Inco	ome and Los	SS				Nonpas	sive In		and Loss	
		(c) Passive deduction or loss allowed	•		assive income]	(e) Dedu	ction or los	\$	(1	f) Other incon	
		(attach Form 8582 if required)		trom	Schedule K-1	ļ	from Sc	hedule K-1			Schedule l	N-1
_A	1			ļ		1						
В												
34	3	Totals										
		Totals								0F		
35		Add columns (d) and (f) of line 34a							⊢	35 36	1	<u> </u>
36 37		Add columns (c) and (e) of line 34b Total estate and trust income or (loss). Comb							·····	37	1	<u></u> ,
	aH	IV Income or Loss From Real	Estate M	ortgage l	nvestment Co	ndui	ts (RE	MICs) -	Resid		iolder	
	****		(b) Emp		(c) Excess inclusion	ı from	(d) Taxa	ble income	(net		(e) Income f	rom
38		(a) Name	identificatio		Schedules Q, line (see instructions	9 2C s)	loss) fro	m Schedul line 1b	ies u,	S	chedules Q, l	ine 3b
_											"	
												
39		Combine columns (d) and (e) only. Enter the re								39		
P	ırt	V Summary * ENTIRE D	ISPOSI'	TION O	F PASSIVE	AC	TIVI	ΓY				
40		let farm rental income or (loss) from Form 483	-						····	40	~=	240
41		otal income or (loss). Combine lines 26, 32, 37, 3				, or Fon	m 1040NR	iine 18		41	3/,	248.
42		teconciliation of farming and fishing income.			15							
		eported on Form 4835, line 7; Schedule K-1 (Fo	•		f'	, i						
		Form 1120S), box 17, code U; and Schedule K-			E	42						
43		econciliation for real estate professionals. If			19							
		nter the net income or (loss) you reported anywhere on I			į.	43						
-	80	ctivities in which you materially participated under the p	assive activity lo	ss ruids		טר				Sched	ule E (Form 1	1040) 2012

Tax Return

Prior Year Passive Disallowed Passive Loss

TAXPAYER

SSN/EIN

SCHEDULEE

Name CARL M. LEVIN

Passthrough LRS COMPANY

Disallowed Due to Prior Year Unallowed Disallowed Due to Basis Limitation At-Risk Loss At-Risk 4,230 ₽ Prior Year Unallowed Basis Loss K-1.input Nonpassive other Net income (loss) Total Schedule E (page 2) FORM 4797 Guaranteed payments Section 179 and carryover Excess farm loss Cost depletion Percentage depletion Depletion carryover Disallowed due to 65% limitation Rental real estate income (loss) Other net rental income (loss) Self-charged passive interest expense Ordinary business income (loss) Intangible drilling costs/dry hole costs Unreimbursed expenses (nonpassive) Disallowed section 179 expense SCHEDULE E, PAGE 2 Second passive other OTHER PASSIVE First passive other PARTNERSHIP

4,230

4,230 4,230, Net long-term cap. gain (loss) Section 1231 gain (loss) Section 179 recapture on disposition Section 1256 contracts & straddles Net short-term cap. gain (loss)

SCHEDULE D

Investment interest expense - Sch. A ITEMIZED DEDUCTIONS Other net investment income

FORM 4952

Charitable contributions Deductions related to portfolio income

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

Name CARL M. LEVIN

SCHEDULE E

Tax Return TAXPAYER Prior Year Passive Disallowed Passive SSN/EIN Loss Disallowed Due to At-Risk Disallowed Due to Prior Year Unallowed Basis Limitation At-Risk Loss Ö Prior Year Unallowed Basis Loss K-1 Input Self-employment earnings (loss)/Wages Depreciation adjustment after 12/31/86 Other taxes/recapture of credits Credits Casualty and theft loss Backup withholding Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings Interest from U.S. bonds Adjusted gain or loss Undistributed capital gains credit Credit for estimated tax Cancellation of debt Medical insurance - 1040 Dependent care benefits Qualified production activities income Ordinary dividends Qualified dividends Tax-exempt interest income FORM 6251 Depletion (other than oil) Gross farming & fishing inc Royalties Retirement plans Interest income INTEREST AND DIVIDENDS Beneficiary's AMT adjustment Other MISCELLANEOUS Passthrough LRS COMPANY Royalty expenses/depletion OTHER PASSIVE PARTNERSHIP

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

Name CARL M. LEVIN SCHEDULE E

₽ Passthrough LEVINSON-LEVIN PROPERTIES, LLC

040 31,430 -1,390 Tax Return 30, TAXPAYER SSN/EIN Disallowed Due to | Prior Year Unallowed | Disallowed Due to | Prior Year Passive | Disallowed Passive | Basis Limitation | At-Risk Loss | At-Risk Loss | Lo Prior Year Unallowed Basis Loss 30,040 31,430 -1,390 31,430 K-1 Input Deductions related to portfolio income Ordinary business income (loss) Section 179 and carryover Percentage depletion Depletion carryover Nonpassive other Net long-term cap. gain (loss) Charitable contributions Rentai real estate income (loss) Other net rental income (loss) Guaranteed payments Excess farm loss Net income (loss) Cost depletion Section 1231 gain (loss)...... Intangible drilling costs/dry hole costs Self-charged passive interest expense Total Schedule E (page 2) Unreimbursed expenses (nonpassive) Section 179 recapture on disposition SCHEDULE D Investment interest expense - Sch. A Section 1256 contracts & straddles Other net investment income ITEMIZED DEDUCTIONS Disallowed due to 65% limitation Disallowed section 179 expense SCHEDULE E, PAGE 2 Net short-term cap. gain (loss) Second passive other FORM 4952 **FORM 4797** OTHER PASSIVE First passive other PARTNERSHIP

SCHEDULE E

Name CARL M. LEVIN Passthrough LEVINSON-LEVIN PROPERTIES, LLC

SSN/EIN TAXPAYER	Prior Year Passive Disallowed Passive Loss Loss Loss				9																
	Prior Year Unallowed Disallowed Due to At-Risk Loss At-Risk					THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN															
al .	Disallowed Due to Basis Limitation					And 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1															
ries, unc	K-1 Input Basis Loss			9															M 8444- Try von California Califo		
Passthrough LEVINSON-LEVIN PROPERTIES	OTHER PASSIVE INTEREST AND DIVIDENDS	Interest from U.S. bonds Ordinary dividends	Qualified dividends Taxtexempt interest income	251 ant afte	Adjusted gain or loss Beneficiary's AMT adjustment	Depletion (other than oil)	MISCELLANEOUS	Self-employment earnings (loss)/Wages	Gross farming & fishing incRoyalties	Royalty expenses/depletion	Undistributed capital gains credit	Backup withholding Credit for estimated tax	Cancellation of debt	Dependent care benefits	Qualified production activities income	Passthrough adjustment to Form 1040	Penalty on early withdrawal of savings	NOI	of cre	Credits	Casualty and theft loss

(Rev. November 2009) Department of the Treasury Internal Revenue Service Name(s) shown on return

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Form 6198 (Rev. 11-2009)

Identifying number

C	ARL M. LEVIN		
De	scription of activity (see page 2 of the instructions)		
L	RS COMPANY		
_	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See pag	je 2 of the instru	ictions.
1			-4,230
2			
_	that you are reporting on:		
	a Schedule D	1 1	
	b Form 4797	***	
	© Other form or schedule	1 (
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,	···	
U	that were not included on lines 1 through 2c	3	
	Other deductions and losses from the activity, including investment interest expense allowed from		
4		4 (
_	Form 4952, that were not included on lines 1 through 2c		
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing		-4,230.
2000	the rest of this form	5	-4,230.
	Simplified Computation of Amount At Risk. See page 3 of the instructions before complete	ung uns part.	
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)		0.
	on the first day of the tax year. Do not enter less than zero		U •
7	Increases for the tax year (see page 3 of the instructions)	i i	
8	Add lines 6 and 7		
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 10a		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).		•
	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	. 10b	
Pa	Detailed Computation of Amount At Risk.		
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less		
	than zero	. 11	
12	Increases at effective date	ا سدا	
13	Add lines 11 and 12	1 1	
14	Decreases at effective date	·	
15	Amount at risk (check box that applies):	.	
a	At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
		16	
27	Effective date b The end of your prior year	17	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):	40	
a	Effective date b The end of your prior year	18	
19 a	Subtract line 18 from line 17	-	
	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter		
	-O- and see Pub. 925 for information on the recapture rules	19b	·····
********	IV Deductible Loss	1	
	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions		^ .
1	to find out how to report any deductible loss and any carryover <u>SEE STATEMENT 10</u>	21 (0.3
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever app	ctivity rules. If or	for Form 8810, ally part of the loss

LHA

For Paperwork Reduction Act Notice, see page 8 of the instructions.

20 21

Form 6251

Department of the Treasury Internal Revenue Service (99) Alternative Minimum Tax - Individuals

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074
2012
Attachment
Sequence No. 32

Form 6251 (2012)

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

CARL M. & BARBARA LEVIN		
Part Malternative Minimum Taxable Income	1	
1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the		193,116
amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	·	170/110
2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38.		
If zero or less, enter -0-	, ,	18,570
3 Taxes from Schedule A (Form 1040), line 9		10/3/0
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	5	4,080
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	·	47000
6 Skip this line. It is reserved for future use		
7 Tax refund from Form 1040, line 10 or line 21	·	
8 Investment interest expense (difference between regular tax and AMT)	1 1	
9 Depletion (difference between regular tax and AMT)		
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount		
11 Alternative tax net operating loss deduction	11	
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock (7% of gain excluded under section 1202)	t t	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)		
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	E 0
19 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 11	19	58
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately,		
see instructions.)	28	2 <u>15,824</u> .
Part II Alternative Minimum Tax (AMT)		
29 Exemption. See instructions SEE STATEMENT 12	29	62,294.
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter ·0· here and on lines		
31, 33, and 35, and go to line 34	30	153,530.
31 ● If you are filing Form 2555 or 2555 EZ, see instructions for the amount to enter.		
• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		-
on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured		
for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here.	31	39,918.
• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filling separately), multiply line 30 by		· · · · · · · · · · · · · · · · · · ·
26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filling		
separately) from the result.		
2 Alternative minimum tax foreign tax credit (see instructions)	32	
2 Toptothic minimum tax Subtract line 22 from line 31	33	39,918.
3 Tentative minimum tax. Subtract line 32 from line 31		<u> </u>
4 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	39,723.
	0.5	195.
5 AMT. Subtract line 34 from line 33. If zero or less, enter -0 . Enter here and on Form 1040, line 45	35	Form 6051 (2012)

LHA

For Paperwork Reduction Act Notice, see your tax return instructions.



	Part III Tax Computation Using Maximum (Complete Part III only if you are required to do			Income Tax Worksheet in th	e instructions.
36	Enter the amount from Form 6251, line 30. If you are filling				
	line 3 of the worksheet in the instructions for line 31			1 . 1	
37	Enter the amount from line 6 of the Qualified Dividends a		1 1		
	Worksheet in the instructions for Form 1040, line 44, or	•			
	line 13 of the Schedule D Tax Worksheet in the instruction				
	(Form 1040), whichever applies (as refigured for the AM				
	instructions). If you are filing Form 2555 or 2555-EZ, see				
	amount to enter		. 37		
38	Enter the amount from Schedule D (Form 1040), line 19 (.		
00	AMT, if necessary) (see instructions). If you are filing Form	·			
	see instructions for the amount to enter		38		
30	If you did not complete a Schedule D Tax Worksheet for		00		
UĐ					
	AMT, enter the amount from line 37. Otherwise, add lines				
	the smaller of that result or the amount from line 10 of th				
	Worksheet (as refigured for the AMT, if necessary). If you		00		
4^	or 2555-EZ, see instructions for the amount to enter		•	40	•
	Enter the smaller of line 36 or line 39				
	Subtract line 40 from line 36			1 1	
	If line 41 is \$175,000 or less (\$87,500 or less if married fill			1 1	
	Otherwise, multiply line 41 by 28% (.28) and subtract \$3,			_ F F	
	the result				
43	Enter:		1 1		
	 \$70,700 if married filing jointly or qualifying widow(er),)			
	• \$35,350 if single or married filing separately, or	>	43		
	• \$47,350 if head of household.)			
14	Enter the amount from line 7 of the Qualified Dividends an	d Capital Gain			
•	Tax Worksheet in the instructions for Form 1040, line 44,	or the amount from			
ļ	ine 14 of the Schedule D Tax Worksheet in the instruction	s for Schedule D			
(Form 1040), whichever applies (as figured for the regular	tax). If you did not			
(complete either worksheet for the regular tax, enter 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	44		
-					
5 8	Subtract line 44 from line 43. If zero or less, enter •0·	,,.	45		
-					
6 E	nter the smaller of line 36 or line 37		46		
7 F	nter the smaller of line 45 or line 46		47		
	morning of the 40 of the 40				
R S	ubtract line 47 from line 46		48		
	abtract line 47 from line 40				
n Ka	ultiply line 48 by 15% (.15)			▶ 49	
7 1Y	empty life 40 by 10% (.10)				
lf	line 38 is zero or blank, skip lines 50 and 51 and go to	line 52. Otherwise, go	to line 50.		
S	ubtract line 46 from line 40		50		
М	ultiply line 50 by 25% (.25)		,,	▶ 51	
				-	
Ac	dd lines 42, 49, and 51			52	
	ine 36 is \$175,000 or less (\$87,500 or less if married filing herwise, multiply line 36 by 28% (.28) and subtract \$3,50				
	result			i . i	
	, , , , , , , , , , , , , , , , , , ,				
En	ter the smaller of line 52 or line 53 here and on line 31. If	you are filing Form 255	5 or 2555•EZ. d	lo not enter	

Name(s)		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPO	TF		
CARL M.	M. & BARBARA LEWIN						Social Security Number

Name	Description	lucome			Adjustment		
凹	RENTAL PORTION OF REST		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Other Adjustment
	DENCE						Wallaco Co.
	* REGULAR INCOME ANT DEPREAD	7.					
	* AMT NET INCOME	7,260.			A CA		
K1-	- LEVINSON-LEVIN PROPERT				• 7 (
	* REGULAR INCOME						
	AME ADJUSTICAL *	.040,0c			•		
	FILE INCOME				- 9		
	** TOTAL ADJ & PREF **				į		
					n n		

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Name of employer

dousehold Employment Taxeം

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

See separate instructions.

OMB No. 1545-1971

Social security number Employer identification number

BARBARA LEVIN Did you pay any one household employee cash wages of \$1,800 or more in 2012? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.) X Yes. Skip lines B and C and go to line 1. No. Go to line B. Did you withhold federal income tax during 2012 for any household employee? Yes. Skip line C and go to line 5. Go to line C. No. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2011 or 2012 to all household employees? (Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.) Stop. Do not file this schedule. Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 2012 do not have to complete this form for 2012.) Social Security, Medicare, and Federal Income Taxes Part I 5,100. Total cash wages subject to social security taxes 530. Social security taxes. Multiply line 1 by 10.4% (.104) Total cash wages subject to Medicare taxes ______ 3 148. Medicare taxes. Multiply line 3 by 2.9% (.029) Federal income tax withheld, if any 5 678. Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2011 or 2012 to all household employees? (Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 6 above on Form 1040, line 59a. If you are not required to file Form 1040, see the line 7 instructions.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. LHA

Schedule H (Form 1040) 2012

X Yes. Go to line 8.

Schedule H (Form 1040) 2012

Firm's EIN

Phone no.

Preparer

Use Only

Firm's name

Firm's address

.8801

Credit for Prior Year Minimum Tax -Individuals, Estates, and Trusts

Information about Form 8801 and its separate instructions is at www.irs.gov/form8801.

OMB No. 1545-1073

Attachment Sequence No. 74

Form 8801 (2012)

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attach to Form 1040, 1040NR, or 1041.

CARL M. & BARBARA LEVIN Part I Net Minimum Tax on Exclusion Items 189,569. 1 Combine lines 1 and 10 of your 2011 Form 6251. Estates and trusts, see instructions 21,605. 2 Enter adjustments and preferences treated as exclusion items (see instructions) 2 3 Minimum tax credit net operating loss deduction (see instructions) 4 Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more 211,174<u>.</u> than \$223,900 and you were married filing separately for 2011, see instructions 5 Enter: \$74,450 if married filing jointly or qualifying widow(er) for 2011; \$48,450 if single or head of household for 74,450. 2011; or \$37,225 If married filing separately for 2011. Estates and trusts, enter \$22,500 6 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2011; \$112,500 if single or head of household 150,000. for 2011; or \$75,000 if married filing separately for 2011. Estates and trusts, enter \$75,000 61,174.7 7 Subtract line 6 from line 4. If zero or less, enter ·0· here and on line 8 and go to line 9 15,294. 8 8 Multiply line 7 by 25% (.25) 59,156. 10 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 152,018. 1040NR filers, see instructions 11 • If for 2011 you filed Form 2555 or 2555 EZ, see instructions for the amount to enter. • If for 2011 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of 39,525. 11 Form 8801 and enter the amount from line 47 here. Form 1040NR filers, see instructions. All others: If line 10 is \$175,000 or less (\$87,500 or less if married filling separately for 2011), multiply line 10 by 26% (.26), Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2011) from the result. Form 1040NR filers, see instructions. 12 12 Minimum tax foreign tax credit on exclusion items (see instructions) 39,525. 13 13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 39,077. 14 14 Enter the amount from your 2011 Form 6251, line 34, or 2011 Form 1041, Schedule I, line 55 448. 15 15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-

For Paperwork Reduction Act Notice, see instructions.

	Form 8801 (2012) CARL M. u BARBARA LEVIN		Page 2
600	Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2013	. 1	I
1	6 Enter the amount from your 2011 Form 6251, line 35, or 2011 Form 1041, Schedule I, line 56	16	490.
1	7 Enter the amount from line 15	17	448.
1	8 Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	42.
1	9 2011 credit carryforward. Enter the amount from your 2011 Form 8801, line 28	19	105.
2	Enter your 2011 unallowed qualified electric vehicle credit (see instructions)	20	
2	1 Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	147.
22	2 Enter your 2012 regular income tax liability minus allowable credits (see instructions)	22	39,723.
23	Enter the amount from your 2012 Form 6251, line 33, or 2012 Form 1041, Schedule I, line 54	23	39,918.
24	Subtract line 23 from line 22. If zero or less, enter -0·	24	0.
25	Current year nonrefundable credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2012 Form 1040, line 53 (check box b); Form 1040NR, line 50 (check box b); or Form 1041, Schedule G, line 2c	25	0.
26	Estates and trusts: Skip lines 26 and 27 and go to line 28. Individuals: Did you have a minimum tax credit carryforward to 2010 (on your 2009 Form 8801, line 30)?		
	No. Leave lines 26 and 27 blank and go to line 28.		
	X Yes. Complete Part IV of Form 8801 to figure the amount to enter	26	38.
27	Is line 26 more than line 25?		
	No. Leave line 27 blank and go to line 28.		
	Yes. Subtract line 25 from line 26. This is your current year refundable credit. Enter the result	07	38.
	here and on your 2012 Form 1040, line 71 (check box c), or Form 1040NR, line 67 (check box c)	27	
	Credit carryforward to 2013. Subtract the larger of line 25 or line 26 from line 21. Keep a record of this amount because you may use it in future years	28	109.

Form 8801 (2012)

* The 2011 Qualified Dividends and Capital Gain Tax Worksheet is in the 2011 Instructions for Form 1040. The 2011 Schedule D Tax Worksheet is in the 2011 Instructions

Form 8801 (2012)

for Schedule D (Form 1040) (or the 2011 Instructions for Schedule D (Form 1041)).

<u>F</u>	orm 8801 (2012) CARL M. u BARBARA LEVIN	7 (1) (1)	Page 4
	Part IV Tentative Refundable Credit		
48	3 Enter the amount from line 21	48	147.
49	Enter the total of lines 18 and 20 from your 2010 Form 8801. If zero or less, enter -0- 49 35	•	
50	Enter the total of lines 18 and 20 from your 2011 Form 8801. If zero or less, enter ·0·		
51	Enter the total of lines 18 and 20 from your 2012 Form 8801. If zero or less, enter ·0·	,	
52	Add lines 49 through 51	52	96.
53	Long-term unused minimum tax credit. Subtract line 52 from line 48 (If zero or less, enter -0-here and on line 26. Do not complete the rest of Part IV)	53	51.
54	Multiply line 53 by 50% (.50)	54	26.
55	Enter the amount from your 2011 Form 8801, line 57	55	38.
56	Enter the larger of line 54 or line 55	56	38.
<u>57</u>	Enter the smaller of line 53 or line 56. Enter the result here and on line 26	57	38.
			Form 8801 (2012)



FORM 1040 SOCIAL SECURITY F	BENEFITS WORKSHEET	STATEMENT 1
CHECK ONLY ONE BOX: A. SINGLE, HEAD OF HOUSEHOLD, OR QUALI	EVING WIDOW/ER)	
X B. MARRIED FILING JOINTLY	ETING WIDOW (LIK)	
C. MARRIED FILING SEPARATELY AND LIVED	WITH YOUR SPOUSE	
AT ANY TIME DURING 2012		
D. MARRIED FILING SEPARATELY AND LIVED FOR ALL OF 2012	APART FROM YOUR SPOUSE	
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF	ALL YOUR .	
FORMS SSA-1099 AND RRB-1099. ALSO, E	NTER THIS AMOUNT ON	44.063
FORM 1040, LINE 20A	0. 10E	44,863.
IF YOU CHECKED BOX B: TAXPAYER AM	OUNT	
2. ENTER ONE HALF OF LINE 1		22,432.
3. ADD THE AMOUNTS ON FORM 1040, LINE 7	. 8B. 9A. 10 THRU 14.	
15B, 16B, 17 THRU 19, 21 AND SCHEDUL	E B, LINE 2. DO NOT	
INCLUDE ANY AMOUNTS FROM BOX 5 OF FO	RMS SSA-1099 OR RRB-1099	198,128.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS F	ROM FOREIGN EARNED	
INCOME, FOREIGN HOUSING, INCOME FROM		
OR INCOME FROM PUERTO RICO BY BONA F		
PUERTO RICO THAT YOU CLAIMED		220,560.
5. ADD LINES 2, 3, AND 4	22 THROUGH TIME 32.	220,300.
AND ANY WRITE-IN ADJUSTMENTS YOU ENTI	TRED ON THE DOTTED	
LINE NEXT TO LINE 36		0.
7. SUBTRACT LINE 6 FROM LINE 5		220,560.
8. ENTER: \$25,000 IF YOU CHECKED BOX		•
\$32,000 IF YOU CHECKED BOX H		20 000
\$-0- IF YOU CHECKED BOX (32,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE	E AMOUNT ON LINE /?	
[] NO. STOP. NONE OF YOUR SOCIAL SETAXABLE. ENTER -0- ON FORM 1040, LIN	CONTIL DENETITO AND	
MARRIED FILING SEPARATELY AND YOU LIV	VED APART FROM YOUR	•
SPOUSE FOR ALL OF 2012, BE SURE YOU E	INTERED 'D' TO THE	
RIGHT OF THE WORD "BENEFITS" ON LINE	20A.	
[X] YES. SUBTRACT LINE 8 FROM LINE 7		188,560.
). ENTER \$9,000 IF YOU CHECKED BOX A OF	D_{I}	
\$12,000 IF YOU CHECKED BOX B		10 000
\$-0- IF YOU CHECKED BOX C.		12,000. 176,560.
L. SUBTRACT LINE 10 FROM LINE 9. IF ZER		12,000.
2. ENTER THE SMALLER OF LINE 9 OR LINE 1 3. ENTER ONE HALF OF LINE 12		6,000.
4. ENTER THE SMALLER OF LINE 2 OR LINE 1		6,000.
. MULTIPLY LINE 11 BY 85% (.85). IF LIN	E 11 IS ZERO, ENTER -0-	150,076.
. ADD LINES 14 AND 15		156,076.
. MULTIPLY LINE 1 BY 85% (.85)		38,134.
	OF LINE 16 OR LINE 17	38,134.

CARL M. & BARBARA LEVIN

|--|

FORM 1040 STATE AND	LOCAL INCOM	TAX	REFUNDS	STATEMENT	2
	2011		2010	2009	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	MICHIGAN	33.			
NET TAX REFUNDS MICHIGAN		33.			
TOTAL NET TAX REFUNDS		33.			



LOCAL INCOME '	FROM STATE AND LAX REFUNDS STMT.	2011	2	010	. 2009	_
LOCAL INCOME						
LESS:REFUNDS-NO		33.		· ·	,	
-SALES TA	BENEFIT DUE TO AMT X BENEFIT REDUCTION	33.				
1 NET REFUNDS	FOR RECALCULATION					
BEFORE PHA 3 DEDUCTION N	ZED DEDUCTIONS SEOUT OT SUBJ TO PHASEOUT FROM LINE 1	44,006.				
MULT LN 5 B PRIOR YEAR	S LINES 3 AND 4 Y APPL SEC. 68 PCT AGI PHASEOUT THRESHOLD	44,006.				
(IF ZERO OR 10 THROUGH AMOUNT FROM 0 MULT LN 9 B 1 ALLOWABLE I (LINE 5 LESS LINE 6 OR 1	NE 8 FROM LINE 7 LESS, SKIP LINES 15, AND ENTER LINE 1 ON LINE 16) Y APPL SEC. 68 PCT FEMIZED DEDUCTIONS THE LESSER OF LINE 10) OT SUBJ TO PHASEOUT					
3B PRIOR YR. ST	TEMIZED DEDUCTIONS TO. DED. AVAILABLE LOWABLE ITEM. DED.	44,006. 13,900. 44,006.	•			
13A OR LINE 6 TAXABLE REFU (LESSER OF L 7 ALLOWABLE PR	GREATER OF LINE 13B FROM LINE 14 INDS INE 15 OR LINE 1) IOR YR. ITEM. DED. TD. DED. AVAILABLE	44,006. 13,900.				
LESSER OF LI	E 18 FROM LINE 17 NE 16 OR LINE 19 AXABLE INCOME	30,106. 182,169.				—
* IF LINE 21	CLUDE ON FORM 1040, L IS -0- OR MORE, USE . IS A NEGATIVE AMOUNT	AMOUNT FROM LI	NE 20 AND	21	0) .
STATE AND LO	CAL INCOME TAX REFUNDS	S PRIOR TO 200	9			
TOTAL TO FORI	M 1040, LINE 10			_	0). =



FORM 1040	IR	A DISTRIBUT	IONS			STATE	EMENT	4
NAME OF PAYER					ROSS RIBUTION	TAXABI	Æ AMC	NUO
FIDELITY INVESTMENTS			•		9,547.		9,5	47
TOTAL TO FORM 1040, LIN	IE 15		:		9,547.		9,5	47
							,	
FORM 1040	WAGES RECEI	VED AND TAX	KES W	TTHHE:	LD	STATE	MENT	5
r S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	$\mathbf{T}^{\mathbf{Z}}$	ATE AX HHELD	CITY SDI TAX W/H	FICA TAX	MEDIC TA	
P UNITED STATES SENATE	151,121.	31,561.	5,	726.		4,624.	2,4	38.
POTALS	151,121.	31,561.	5,	726.		4,624.	2,4	38.
ORM 1040	FEDERAL	INCOME TAX	WITH	IHELD		STATE	MENT	- 6
DESCRIPTION						AMO	TNUC	
UNITED STATES SENATE WITHHOLDING FROM FORM							31,5	40.
WITHHOLDING FROM FORM OTAL TO FORM 1040, LINE							5,1	
olim to foldi folo, mili	. 02							
CHEDULE A	CASH	CONTRIBUTIO	ONS			STATEM	1ENT	7
ESCRIPTION					OUNT LIMIT	AMC 30% I	TAUU TIMIT	

CARL M. & BARI	BARA LEVIN					
						·
SUBTOTALS				20,496.		
TOTAL TO SCHEDUL	E A, LINE 16				20,4	96.
SCHEDULE A		REAL ESTATE	TAXES		STATEMENT	8
DESCRIPTION					AMOUNT	
DC HOME LIONS DEN - REAL	ESTATE				3,8 3,6	
TOTAL TO SCHEDULI	E A, LINE 6				7,4	28.
SCHEDULE E		OTHER EXI	PENSES		STATEMENT	9
RENTAL PORTION OF DESCRIPTION	RESIDENCE -				TOUOMA	
YARD MAINTENANCE PEST CONTROL				•	1,54 19	44. 90.
TOTAL TO SCHEDULE	E, PAGE 1, I	INE 19		-	1,73	34.
FORM 6198	ALLOC	ATION OF ALL	OWABLE LOSSE	S	STATEMENT	10
LRS COMPANY				•		
DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWE LOSS	ED
SCHEDULE E C/O	4,230.	1.00000000	0.	0	4,23	0.
POTALS	4,230.	1.000000000	0.	. 0	4,23	0.



FORM 6251	PAS	PASSIVE ACTIVITIES			11
		NET INCOM			
NAME OF ACTIVITY	FORM	AMT	REGULAR	ADJUSTMEN'	\mathbf{T}
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	30,046.	30,040.		6.
RENTAL PORTION OF RESIDENCE -	SCH E	7,260.	7,208.	,	52.
TOTAL TO FORM 6251,	LINE 19	7,200.	7,200		58.



F(DRM 6251	EXEMPTION WORKSHEET	STATEMENT	12
1	MARRIED FILING	IF SINGLE OR HEAD OF HOUSEHOLD; \$78,750 IF JOINTLY OR QUALIFYING WIDOW(ER); \$39,375 LING SEPARATELY	78,7	50.
3	ENTER YOUR ALTEI (AMTI) FORM 62 ENTER: \$112,500 \$150,000 IF MA	RNATIVE MINIMUM TAXABLE INCOME 251, LINE 28		
4	FILING SEPARAT SUBTRACT LINE 3	OOW(ER); \$75,000 IF MARRIED PELY		
5 6	SUBTRACT LINE 5 ANY OF THE THR AGE 24 APPLY T OTHERWISE, STO	BY 25% (.25)	62,29	
7 8 9	MINIMUM EXEMPTIO	N AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24		
10		R OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, O TO FORM 6251, LINE 30		